

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

1. TRANSMITTAL NUMBER:

04 -- 003

2. STATE:

MAINE

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE(S)

3/1/04

5. TYPE OF PLAN MATERIAL (CHECK ONE):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 04 \$100,000
b. FFY 05 \$180,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
ATTACHMENT 4.19-B, P 5

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
ATTACHMENT 4.19-B, P 5

SUBJECT OF AMENDMENT: ELIMINATE PRIMARY CARE CASE MANAGEMENT MANAGEMENT FEE FOR HOSPITAL BASED
PRIMARY CARE PROVIDER SITES.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED
COMMISSIONER, DEPT. OF HUMAN SERVICES

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

JOHN R. NICHOLAS

14. TITLE:

Acting Commissioner, Maine Department of Human
Services

15. DATE SUBMITTED: MARCH 24 2004

16. RETURN TO:

CHRISTINE ZUKAS-LESSARD
Acting Director, Bureau of Medical Services
#11 State House Station

442 CIVIC CENTER DRIVE
Augusta, ME 04333-0011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

19. EFFECTIVE DATE OF PLAN

21. TYPED NAME:

Bruce D. Greenstein

23. REMARKS

maine (04-003)

approved: 05/28/04
effective: 03/01/04

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 4.19-B

State: Maine

Page 5

PAYMENT RATES FOR CARE AND SERVICES OTHER THAN INPATIENT HOSPITAL

18. Any other medical care and any other type of remedial care recognized under State law:
 - a. Ambulance Services - Payment is made on the basis of a fixed fee schedule.
 - b. Care and Services in Religious Nonmedical Health Care Institutions - The State agency will apply payment rates currently in effect under Title XVIII.
 - c. Skilled Nursing Facility Services to patients under 21 - See Attachment 4.19-D.
 - d. Emergency Hospital Services - The State agency will apply the payment rate as described in Attachment 4.19-A.
 - e. Personal Care Services:
 1. Payment is made on the basis of a fixed fee schedule. The amount of personal care services in combination with home health services and private duty nursing services will be limited to an annual or monthly cap as determined by the Department.
 2. Payment for personal care services provided by a private non-medical institution are made under contracts authorizing a capitation rate.
 - f. Hospice Services - Payment is made on a per diem rate for bundled services. The rates provided are at least as great as the Medicare rate.
19. Transportation Services - Payment is made on the basis of a fee schedule.
20. Case Management Services - All payment rates for case management services are cost based with the following two exceptions:
 - a.) Case management services for individuals with disabilities and asthma: payment is based on the established fee schedule;
 - b.) Case management services for children age birth through five: payment is based on the established fee schedule.
21. Certified family and pediatric nurse practitioners - Payment is based on the established fee schedule for Physicians' Services as described in Item 5, except that these nurses are not eligible for the physician incentive plan. See Attachment 4.19-B, Physician (and other prescribers) Directed Drug Initiative (PDDI), pages 1-b-1-d.
22. Advanced Practice Nurses other than Nurse Midwives and Certified family and pediatric nurse practitioners - Payment is based on the established fee schedule for Physicians' Services as described in Item 5, except that these nurses are not eligible for the physician incentive plan. See Attachment 4.19-B, Physician (and other prescribers) Directed Drug Initiative (PDDI), pages 1-b-1-d.
23. Maine Primary Care Provider Capitation Fee - Each primary care provider or primary care provider site for an enrollee in the State's Primary Care Case Management plan receives \$2.50 per month for coordination of care and referral services except for those sites which are paid as part of a hospital using data from the Medicare cost report.

TN No.

Supersedes 04-003

Approval Date

5-28-04

Effective Date 3/1/04

TN No. 03-007